

Attorney or Party Name, Address, Phone & Fax Nos., State Bar No. & Email Benjamin Heston Bar Number: 297798 Nexus Bankruptcy 3090 Bristol Street #400 Costa Mesa, CA 92626 Phone: (949) 312-1377 Email: ben@nexusbk.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	
United States Bankruptcy Court Central District of California - Los Angeles Division	
In re: Nicole Renee Kilpatrick	CASE NO.: CHAPTER: 7
DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]	
Debtor(s).	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☒ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 08/22/2024

Nicole Renee Kilpatrick

Printed name of Debtor 1


 Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ I was not paid by an employer because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2